



Welcome. We are happy to have the opportunity to share the key themes and findings from the 2012 Austin/Travis County Community Health Assessment and discuss the 2012 Draft Community Health Improvement Plan as with a focus on Access to Healthy Foods. This assessment is part of larger community health planning effort being undertaken by the Austin/Travis County Department of Health and Human Services in collaboration with many community members, agencies, networks (such as One Voice Central Texas and Community Action Network) and the following lead partners: Travis County Health and Human Services & Veteran's Services, Central Health, St. David's Foundation, Seton Healthcare Family, and the University of Texas Health Science Center at Houston School of Public Health Austin Regional Campus.

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## Today's Presentation

- Acknowledgements
- Background of CHA and Access to Healthy Foods
- Overview of CHIP Access to Healthy Foods
  - Goal, Objectives, Strategies, Performance Measures
- Discussion on Potential Partners and Activities
- Next Steps



## Community Health Improvement Process

- Community Health Assessment (CHA) was conducted to identify the health related needs and strengths of Austin/Travis County. **Finalized**
- Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems on the basis of results of the community health assessment. **Final: May 2013**



CHA – January – June

CHIP – July – December

A CHIP, as defined by the **Public Health Accreditation Board** is a long-term, systematic effort to address public health problems on the basis of results of the community health assessment.

## Community Health Improvement Planning

- Engage community members on health and social issues
- Collaborate with partners, meet new partners
- Helps to understand health disparities in communities
- Enables leaders to establish health priorities based on community needs
- Satisfies requirements (grants; non-profit hospitals; HHSD accreditation)
- Strengthens viability to successfully compete for funding opportunities






Community Health Improvement Planning includes the development of a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). The CHIP is based on CHA findings. In addition to the points on this slide, conducting a health assessment and improvement plan differentiates needs in various communities, promotes action planning to achieve healthy communities & healthy behaviors, facilitates the entire local public health system to focus on programs/services that address community's health needs, and use data/information to establish priorities and improve systems. The local public health system includes a wide array of leaders in the community. Examples include social service agencies, hospitals, health departments, schools, faith based institutions, mental/behavioral health agencies, community organizations, businesses, chambers of commerce, public safety, parks, transportation, elected officials, civic groups, employers, and many more.

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## Vision and Mission

**Vision:** Healthy People are the Foundation of our Thriving Community







**Mission:** Our community – individuals and organizations (public, private, non-profit) – works together to create a healthy and sustainable Austin/Travis County

I'd like to share the vision and mission that were developed to guide this collaborative community health planning effort.

## Goals of the Assessment

- Examine the current health status across Austin/Travis County
- Explore current health concerns among residents
- Identify community strengths, resources, forces of change, and gaps in services



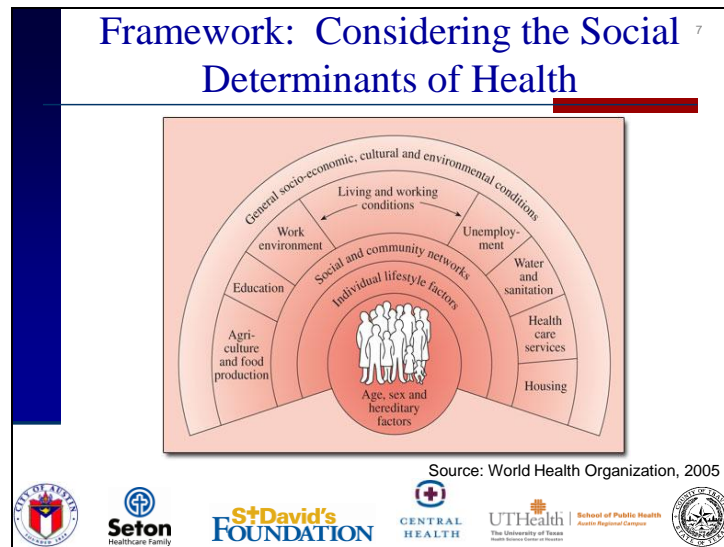
The 2012 assessment was conducted to fulfill several overarching goals, specifically:

To examine the current health status across Austin/Travis County and compare local indicators to state and national indicators

To explore the current health concerns among residents with an understanding of the social context of their communities

To identify not only the needs of the community but also its strengths, resources, as well as external factors that impact health, and gaps in services

With the ultimate goal of informing funding and programming priorities to improve the health of Austin/Travis County



The assessment uses a broad definition of health, recognizing that how and where we live, work, play, and learn affect health.


This diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream or distal factors such as employment status and educational opportunities.

The assessment provides information on many of these factors, as well as reviews key health outcomes among the residents of Austin/Travis County.

## Methods

Reviewed existing data sources (national, state and local) to examine indicators:

- Demographics
- Social and Physical Environment
- Health Behaviors and Outcomes
- Health Care Access and Resources



To develop a social, economic, and health portrait of Austin/Travis County, existing data were drawn from state, county, and local sources, such as the U.S. Census and Texas Department of State Health Services, to measure a range of indicators.

Types of data included self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), public health disease surveillance data, as well as vital statistics based on birth and death records.



## Methods, continued

Over 300 participants engaged through forums, focus groups, and interviews:

- 4 community forums
- 14 focus groups
- 28 key informant interviews
- Findings from 25 key informant interviews conducted for the Central Health Connection Leader Dialogue Series



In addition to quantitative data or “the numbers”, which provided the breadth of issues, we collected qualitative data, to provide depth to the issues through stories and lived experiences, since numbers don’t always tell the whole story. Qualitative data help the numbers come to life and represent the voice of the community, which is crucial to this process.

Over 300 participants were engaged in conversations around health through community forums, focus groups, and key informant interviews.

These discussions explored their perceptions of the community (both the strengths and the challenges), their health concerns, and ways to improve the health of the community.

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## Priority Sectors

- Economic Development/Business
- Philanthropic
- Public Safety
- Faith Community
- Behavioral and Mental Health
- Hospital/Health Care
- Culture/Arts
- Government/Political

- Health Promotion
- Education
- Housing
- Asian Americans
- Blacks/African Americans
- Latinos/Hispanics
- Aging/Elderly/ Disabled
- Parents
- Immigrants/Refugees





Discussions were conducted with staff from a wide range of organizations, community stakeholders, and residents representing a variety of sectors. For example, focus groups were conducted with senior citizens, public housing residents, refugees, and many more. Interviewees included governmental officials, educational leaders, social service providers, and health care providers, among others.


## Key Themes


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- Disparities and wide variation in demographics and socioeconomic status
- Needs of growing Latino/Hispanic population
- Limited transportation options, including walkability
- Insufficient mental health services to meet increasing demand

















## Key Themes


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- Chronic conditions and related health behaviors (physical activity, healthy eating, obesity)
- Access to primary care, especially among vulnerable populations
- Prevention focus in health care services and programs
- Strategic, coordinated, and collaborative approach to address health issues















## CHIP Health Priorities

1. **Chronic Disease** – focus on Obesity
2. Built Environment – focus on **Access to Healthy Foods**
3. Built Environment- focus on **Transportation**
4. **Access to Primary Care and Mental Health/ Behavioral Health Services** – focus on navigating the healthcare system

✓ Cross-cutting issue: health education/health literacy









**Social determinants of health** are conditions in the **environments in which people are born**, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “**place.**” Source: Institute of Medicine (IOM)

**Health literacy:** the ability to understand health information and to use that information to make good decisions about health and medical care. About one third of the population in the US has limited health literacy.

## Access to Healthy Food and Built Environment

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- Access to healthy food and physical activity (reported in 2012 County Health Rankings)
  - 9% of Travis County's low-income population did not live within 1 mile of grocery stores
  - Higher rate of recreational facilities in Travis County (11 facilities per 100,000 population) than in Texas as a whole (7 facilities per 100,000 population)



- The built environment was a prominent theme across community discussions, especially limited transportation options, affordable housing, and lack of access to healthy food and physical activity.
- Participants described Travis County as a largely car-dependent region that does not support other modes of transportation, such as walking or biking. The lack of a robust public transportation system was noted as a challenge to conducting everyday activities, such as going to the grocery store or the doctor's office.
- Residents described struggling to pay high rent prices and how an increasing demand for affordable housing resulted in long waiting lists to access Section 8 housing.
- The existence of food deserts was also a prominent theme through key informant interviews. When healthy food was physically accessible, cost was often described as prohibitive.
- Despite a higher rate of recreational facilities in Travis County compared to Texas, unequal geographic and financial access to green space and recreational facilities was a concern among participants.

## Access to Healthy Foods

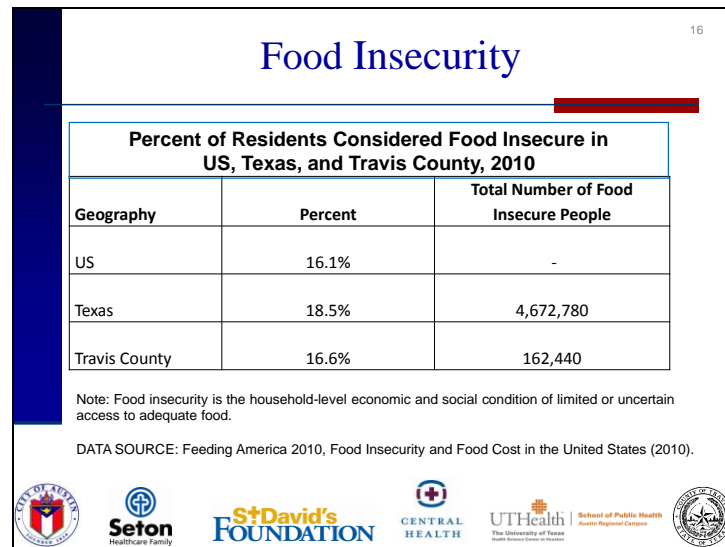
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“We have to go further to get fresh food and that takes more time, more gas money and a lot of driving.”

- Focus group participant



- Focus group participants described struggling to afford fresh fruits and vegetables when their paycheck is depleted by housing costs (e.g., rent and utilities). Most residents expressed that healthy food is available but not affordable. Several focus group participants indicated that the availability and marketing of fast food also presents challenges to healthy eating because of its comparative convenience and affordability.
- Several residents shared that while healthy food may be readily available through local grocery stores and supermarkets, cost is often prohibitive. In 2010, the average cost of a meal in Travis County was \$2.36, which was 5 cents greater than the Texas average (\$2.31) and 16 cents less than the national average (\$2.52). Source: Feeding America 2010, Food Insecurity and Food Cost in the United States (2010).
- When describing their community, many participants discussed the impact of the built environment (e.g., parks, recreational facilities, traffic, etc.) on their ability to consume healthy food and engage in physical activity.
- The existence of food deserts was a prominent theme throughout key informant interviews. Participants identified that several communities are void of grocery stores and lack public transport to travel to supermarkets. In 2006, 8.7% of Travis County's low-income population did not live close to a grocery store (i.e., less than 1 mile), as compared to Texas' 11.6% (Figure 18).




- The percentage of residents in Travis County considered to be food insecure was 16.6% in 2010, lower than that of Texas (18.5%) and similar that of the U.S. (16.1%). East Austin and eastern Travis County in particular were identified as lacking proximity to stores that sell fresh produce.
- Refugees shared that in their home countries they had gardens and could produce their own food, whereas in Austin they are unable to do so.
- Key informants did note that there are efforts to address food deserts, such as expanding farmers markets to disadvantaged neighborhoods.



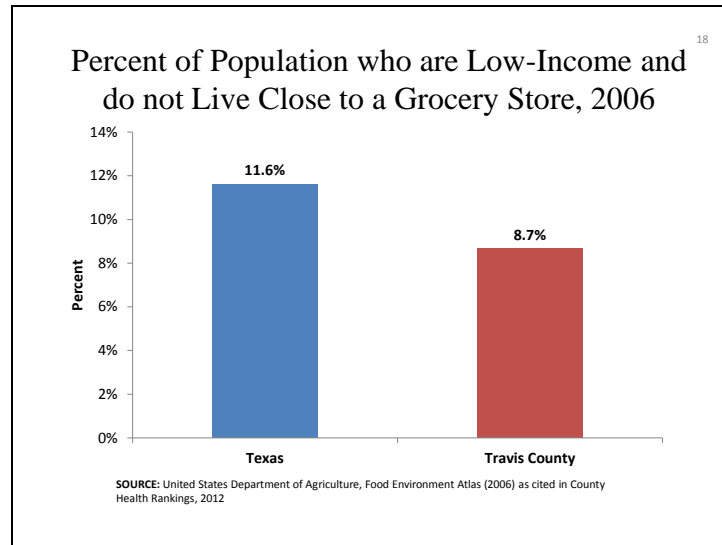
## Health Behaviors

- Obesity considered a pressing health issue
  - *“The most pressing health concerns in my community are obesity, which will lead into high blood pressure, and a lack of physical activity which leads to diabetes...” –Focus group participant*

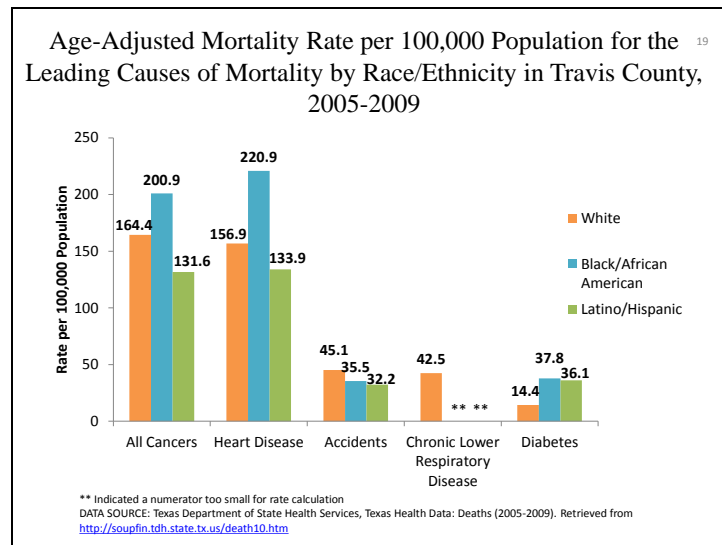


A majority of key informants considered obesity to be a pressing health issue, particularly among children and in relation to chronic diseases such as diabetes and heart disease.

While obesity was only mentioned as a community concern in a few focus groups, the importance of and challenges around nutrition and exercise were frequently discussed.



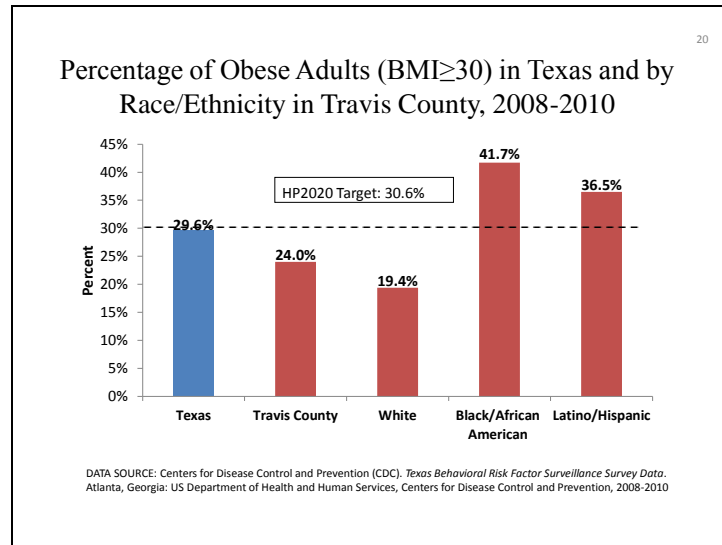
In 2006, 8.7% of Travis County's low-income population did not live close to a grocery store (i.e., less than 1 mile).

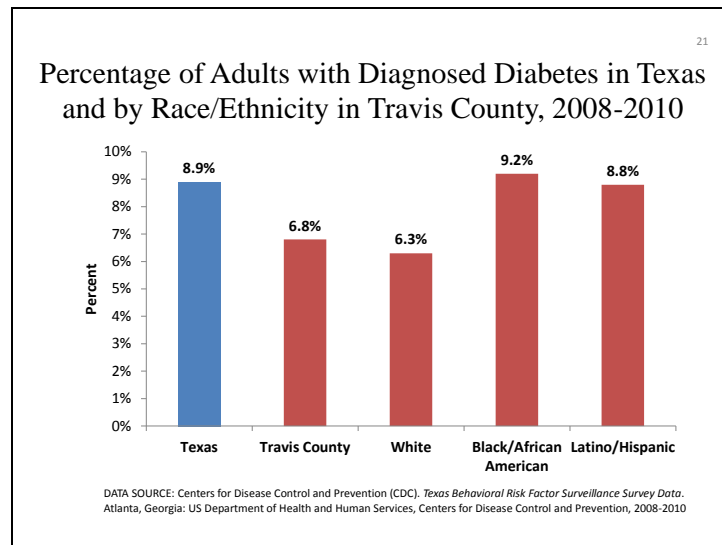


As this chart shows, cancer and heart disease were the leading causes of death in Travis County between 2005 and 2009, with Blacks experiencing disparate rates of mortality due to these diseases.

This chart also illustrates that while diabetes mortality occurs at a lower rate, Blacks and Latinos suffer from death due to diabetes at more than twice the rate of Whites.

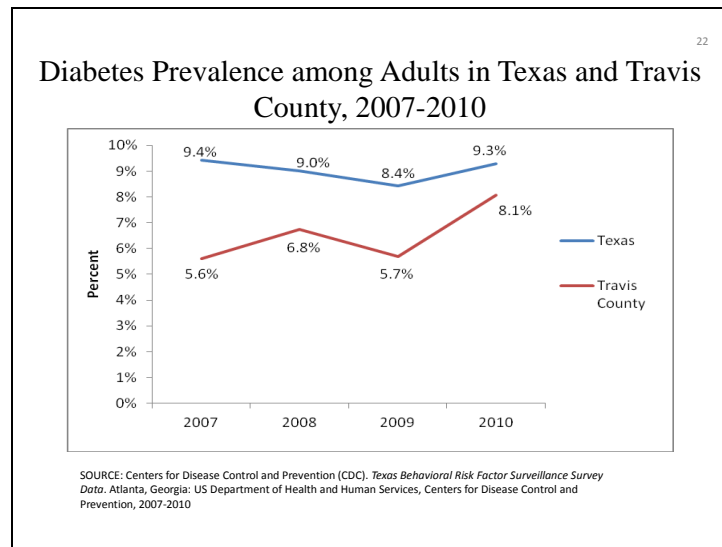
The proportion of Whites and Blacks/African Americans (6.6% and 6.5%, respectively) reporting cardiovascular disease diagnosis was more than double that of Latinos/Hispanics (2.7%). A similar pattern emerges for diabetes.





In focus groups and interviews, diabetes was the chronic condition most frequently cited as a pressing concern. Diabetes was mentioned often in the context of other chronic conditions such as high blood pressure and cholesterol as well as associated with obesity and nutrition. Participants described how diabetes disproportionately affects Blacks/African Americans, Latinos/Hispanics, and Asians. Several focus group participants shared personal experiences with diabetes, including seniors affected by the risks of uncontrolled diabetes, including eye surgery and amputations.

According to BRFSS data, in 2008-2010, the percentage of adults diagnosed with diabetes in Travis County (6.8%) was below that of the state (8.9%). However, Blacks/African Americans and Latinos/Hispanics comprised a larger percentage of Travis County's diabetic population (9.2% and 8.8%, respectively) when compared to Whites (6.3%)



**Trend data indicate that from 2007 to 2010, Travis County experienced a greater increase in diabetes prevalence than the state overall.**

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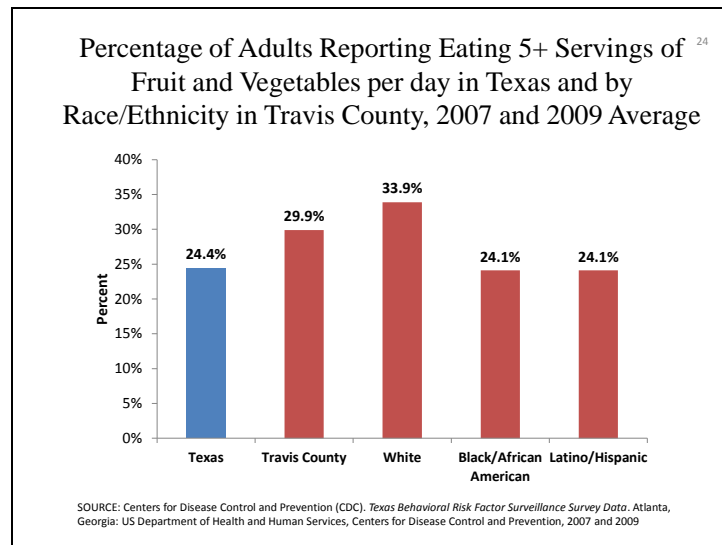
“We have the access but not the finances. While we have a good HEB right here, we got a raise in costs – in utilities and rent– so that’s where our money goes. Also, trying to buy fresh fruits and vegetables can be difficult, but it’s not an access issue it’s a quality issue.”

- Focus group participant

Focus group participants described struggling to afford fresh fruits and vegetables when their paycheck is depleted by housing costs (e.g., rent and utilities). Most residents expressed that healthy food is available but not affordable.

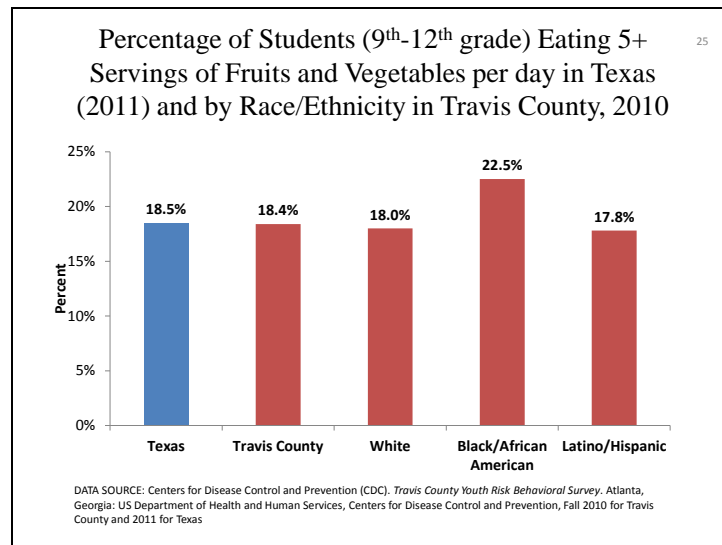
Several focus group participants indicated that the availability and marketing of fast food also presents challenges to healthy eating because of its comparative convenience and affordability.



Less than 30% of County residents reported eating the recommended daily servings of fruits and vegetables. When this data was stratified by income in Travis County, it was noted that the percentage of adults who consume the recommended amount of fruits and vegetables increased with income. However, even within the highest economic bracket, less than one-third of the population is meeting the guideline. SOURCE: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2007 and 2009

**In 2009, just over half of the restaurants in Travis County (51.0%), much like in Texas as a whole (53.0%), were fast-food establishments.** Source: County Business Patterns data (2009), as cited in County Health Rankings, 2012





Both focus group participants and key informants indicated that knowledge and awareness regarding the importance of healthy eating and physical activity need to be improved for residents. Schools were considered an ideal venue for promoting healthier lifestyles via physical education, healthier school lunch options, and dissemination of information to parents through children. Many agreed that healthy behaviors need to be instilled early in life to achieve lifelong wellness. Employee wellness programs were also identified as helpful.

According to the Travis County Youth Risk Behavioral Survey (YRBS), the percentage of students in Travis County eating the recommended servings of fruits and vegetables was lower than that of adults (18.4%) and consistent with what is seen statewide. When further stratified by race/ethnicity at the county-level, Black/African American students (22.5%) were more likely to report consuming five or more fruits and vegetables than their peers (Figure 26).

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## CHIP Development

- Steering Committee**
  - Oversight of CHA, identification of priorities, oversight of the CHIP
- Core Coordinating Committee**
  - Overall management of the process
- CHIP Workgroups**
  - Represented different sectors of the community
  - Formed around each health priority area to develop goals, objectives, strategies, and performance measures



To develop a shared vision and plan for improved community health and help sustain implementation efforts, the Austin/ Travis County assessment and planning process engaged community members and Local Public Health System Partners (LPHS) through different avenues:

- the Steering Committee was responsible for overseeing the community health assessment, identifying the health priorities, and overseeing the development of the community health improvement plan
- b) the Core Coordinating Committee served as the overall management of the process, and
- c) the CHIP Workgroups, which represented broad and diverse sectors of the community, were formed around each health priority area to develop the goals, objectives and strategies for the CHIP.

## Development of CHIP Strategic Components

- Engaged over 65 community members and LPHS partners from more than 25 agencies
- Broke group into four Workgroups of 12-20 members
- Convened five, three hour Planning Sessions
- Workgroup's facilitated by 3-4 person teams
  - Local content experts
  - Core Planning Group members



SPEND SOME TIME EXPLAINING PROCESS, **HOW TIME WAS SPENT:**

Local Public Health System partners

Explain how opportunity for **feedback** via LIKE, CHANGE, ADD

Explain that groups often met and did additional work in between each of the planning sessions

All work product transferred from flip charts to work group reports

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## Developing the CHIP

- **Goal:** a broad statement of what we hope to accomplish related to priority area
- **Objectives:** specific and measureable end-product of the intervention that are written in SMART format
- **Evidence-based Strategies:** built on best practices from the CDC and other public health leaders and work on a community wide scale
- **Outcome Indicators:** states specifically what will change to determine if progress is being made



### Sources for evidence based strategies:

The Community Guide  
NACCHO Model Practices  
County Health Rankings  
Healthy Eating Active Living Convergence Partnership

Used common definitions for goals, objectives, strategies and Outcome indicators  
Writing SMART objectives (specific, measurable, action oriented, realistic, time bound)  
Provided sample evidence based strategies to choose from  
Outcome Indicators– provided information on what performance measures could be selected that we had data for because they were in the Community Health Assessment

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## Access to Healthy Foods Goal

All in our community have  
reasonable access to affordable  
quality nutritious food.





Food Assistance Programs: SNAP, WIC, school breakfast and lunch program, summer food service, Elderly Nutrition Program

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Access to Affordable, Healthy Food

- **Education:** Ensuring that more eligible residents benefit from programs that can improve their ability to secure healthy food.
- **Location:** Steps can be taken to make healthy food more accessible physically by promoting production and distribution of healthy food within low-income neighborhoods with geographic barriers.
- **Policy:** Policy changes can make it harder to locate sources of unhealthy food in and around targeted areas.



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## Access to Healthy Foods

- Increase access to and participation of eligible people in food assistance programs that increase access to healthy food.
- Add grocery stores, farmers markets and community gardens to increase the availability of fresh fruits and vegetables.
- Establish a healthy food zone ordinance around schools, municipal parks, child care centers, libraries and recreation centers.



Healthy food zone:

Distribution Point: physical location where affordable quality nutritious food can be accessed, including, but not limited to, grocery stores, farmers markets, and farm-to-site programs.

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## Goal, Objectives, & Strategies

Build Environment Access to Healthy Foods	Potential Partners	Activities/Action Steps
<b>Goal:</b> All in our community have reasonable access to affordable quality nutritious food.		
<b>Objective/Strategy:</b> Objective 2.1: Increase access to and participation of eligible people in food assistance programs that increase access to healthy foods.		
Strategy 2.1.1: Conduct a baseline assessment of current programs, current program capacity, participation, gap analysis.		
Strategy 2.1.2: Work with government and local community orgs to increase ease of access to food assistance program applications.		
Strategy 2.1.3: Develop and implement an education/outreach strategy to increase the reach of food assistance programs.		
Strategy 2.1.4: Increase capacity of quality programs identified in assessment strategy.		
<b>Objective 2.2: Ensure that two new distribution and production points for healthy food are available and accessible in each of the five high-need areas.</b>		
Strategy 2.2.1: Implement assessment to learn where people travel/patrol and where/what food is available.		
Strategy 2.2.2: Build partnerships to establish distribution and production sites.		
Strategy 2.2.3: Incentivize private enterprise to provide healthy, nutritious, and affordable food by establishing full-service grocer stores in low-income communities.		
Strategy 2.2.4: Develop/implement education/messaging strategy to increase demand and ensure cultural relevance.		
<b>Objective 2.3: All local municipalities will establish a healthy food zone ordinance around schools, municipal parks, child care centers, libraries, and recreation centers.</b>		
Strategy 2.3.1: Develop model policies for city/county government promoting health food zones.		
Strategy 2.3.2: Engage advocacy groups, grassroots orgs, policy/thought leaders, community residents to develop and support the healthy food zone ordinance.		
















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## Performance Measures

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PRIORITY AREA 2: BUILT ENVIRONMENT – FOCUS ON ACCESS TO HEALTHY FOODS		
Goal 2: All in our community have reasonable access to affordable quality nutritious food.		
Performance Measures - How We Will Know We are Making a Difference		
Short Term Indicators (by objective)	Source	Frequency
Increase % of farms, community gardens, private gardens (count of farms and community gardens regulated by City of Austin)	Austin/Travis County Health and Human Services Department (A/TCHHSD)	Annual
Increase % of Travis County low-income residents who are not living within 1 mile of grocery store (non-traditional distribution sites)	County Health Rankings (CHR)	Annual
Increase in the number of non-traditional distribution sites (i.e. farm-to-site programs, farmers markets)	A/TCHHSD	Annual
Increase in the # of traditional distribution sites	A/TCHHSD	Annual
Increase % of the municipalities that adopt healthy food zone policy	A/TCHHSD	Annual
Increase % of land area covered by healthy food zone policy (calculated and mapped, ATC HHSD)	A/TCHHSD	TBD
Long Term Indicators (for Goal)	Source	Frequency
% of adults reporting eating 5+ servings of fruits and vegetables/day	BRFSS	Annual
% of youth reporting eating 4+ servings of fruits and vegetables/day	YRBS	Varies (contingent on resources)
% of (individuals or families, depending on what unit Feeding America reports) that are food insecure	Feeding America	Annual







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## 1. Education, Access and Participation

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**Goal: All in our community have reasonable access to affordable quality nutritious food.**

Objective/Strategy	Potential Partners	Activities/ Action Steps
<b>Objective 2.1: Increase access to and participation of eligible people in food assistance programs that increase access to healthy foods.</b>		
Strategy 2.1.1: Conduct a baseline assessment of current programs, current program capacity, participation, gap analysis		
Strategy 2.1.2: Work with government and local community orgs to increase ease of access to food assistance program applications		
Strategy 2.1.3: Develop and implement an education/outreach strategy to increase the reach of food assistance programs.		
Strategy 2.1.4: Increase capacity of quality programs identified in assessment strategy		







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## 2. Location

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**Goal:** All in our community have reasonable access to affordable quality nutritious food.

Objective/Strategy	Potential Partners	Activities/ Action Steps
<b>Objective 2.2: Ensure that two new distribution and production points for healthy food are available and accessible in each of the five high need areas.</b>		
Strategy 2.2.1: Implement assessment to learn where people travel/gather and where/what food is available		
Strategy 2.2.2: Build partnerships to establish distribution and production sites		
Strategy 2.2.3: Incentivize private enterprise to provide healthy, nutritious, and affordable food by establishing full service grocer stores in low-income communities		
Strategy 2.2.4: Develop/implement education/messaging strategy to increase demand and ensure cultural relevance		







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## 3. Healthy Food Zone Ordinance

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**Goal:** All in our community have reasonable access to affordable quality nutritious food.

Objective/Strategy	Potential Partners	Activities/ Action Steps
<b>Objective 2.3:</b> All local municipalities will establish a healthy food zone ordinance around schools municipal parks, child care centers, libraries, and recreation centers		
Strategy 2.3.1: Develop model policies for city/county government promoting health food zones		
Strategy 2.3.2: Engage advocacy groups, grassroots orgs, policy/thought leaders, community residents to develop and support the healthy food zone ordinance		

## Next Steps

- HRiA Consultants facilitation
- Planning Event in April
- Community Presentations



HHSD and partners will continue to work with the HRiA Consultants that have been helping us with the CHIP planning process. The Core Coordinating Committee will select participants for the last CHIP planning phase. This will be a whole day Planning Event in April where we will finalize the CHIP and determine who, how, and when for each of the CHIP Priority Areas. We will also solicit a community input through public presentations during the Public Health Week in April.